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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/048113	FILING DATE
							APPLICANT(S)	
							CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1					51		
2	1					52		
3	2					53		
4	1					54		
5	1					55		
6	1					56		
7	1					57		
8	1					58		
9	1					59		
10	1					60		
11	1					61		
12	1					62		
13	1					63		
14	1					64		
15	1					65		
16	1					66		
17	1					67		
18	1					68		
19	1					69		
20	1					70		
21	1					71		
22	1	1				72		
23	2		1			73		
24	1		1			74		
25	1		1			75		
26	1		1			76		
27				1		77		
28				1		78		
29				1		79		
30				1		80		
31				1		81		
32				1		82		
33				1		83		
34				1		84		
35				1		85		
36				1		86		
37				1		87		
38				1		88		
39			1			89		
40			1			90		
41			1			91		
42			1			92		
43			1			93		
44			1			94		
45			1			95		
46			1			96		
47			1			97		
48			1			98		
49			1			99		
50			1			100		
TOTAL IND.			2			TOTAL IND.		
TOTAL DEP.			19			TOTAL DEP.		
TOTAL CLAIMS			21			TOTAL CLAIMS		

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